PIGD – Provider Information (General) Detail

This screen displays general information about a specific provider/facility in the system and is accessible by all CAPS workers.

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PROVIDER INFORMATION (GENERAL) DETAIL
 CAFSPIGD
                                                          02/27/2007 15:22
 USER ID: CS4566
                                                           PAGE: 001
 PROU NO: 0007109 001 PROU NAME: MAHONEY SEAN AND SUSANNE
 FACIL NAME: MAHONEY SEAN AND SUSANNE
                                                  ABRU NAME: MAHONEY
 ADDRESS
             LINE1:
                                                    PHONE #:
             LINE2:
             CITY :
                                           STATE:
                                                        ZIP: 00000
 PROVIDER CONTACT NAME: MOON, ANITA
 ACTIVE LICENSES STS ASSIGNED WORKER
                                                    AVAILABLE SERVICES
                                                    SCALL CLOTHING ALLOWANCE
                                                    SEMRM REMOVAL
                                                    SINLA INDEPENDENT LIVING S
                                                    SINLP INDEPENDENT LIVING A
                                                    SPNDS PERSONAL NEEDS-INCLU
                                                    STRNS TRANSPORTATION
 YFH YOUTH FOSTER H REG C84142 HOLLING, PAULA
                                                    PFRS1 FOSTER FAMILY CARE -
HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE
                                                                    PATH:
```

Field Descriptions (F12) indicates code lookup is available.

PROV NO (F12)

Enter the provider number of the provider you want to view details for.

PROV NAME

This field will display the provider name for the provider whose number is entered in the PROV NO field.

FACIL NAME

This field will display the facility name for the provider whose number is entered in the PROV NO field.

ABRV NAME

This field will display the abbreviated name for the provider whose number is entered in the PROV NO field.

ADDRESS LINE1

This field will display the first line of the address for the selected provider/facility.

PHONE

This field will display the phone number for the selected provider/facility.

ADDRESS LINE2

This field will display the second line of the address for the selected provider/facility.

CITY

This field will display the city for the address for the selected provider/facility.

STATE

This field will display the state for the address for the selected provider/facility.

ZIP

This field will display the zip code for the address for the selected provider/facility.

ACTIVE LICENSES (F12)

This field will display the types of active licenses the provider currently has. *Active* = *the expiration/termination date for that license is in the future from the current date.*

STS (F12)

This field will display the current status of the listed license type.

ASSIGNED WORKER

This field will display the worker associated to the listed license type.

AVAILABLE SERVICES (F12)

This field will display all of the services the provider is currently authorized to provide, and that are associated to the listed license type. Any services highlighted in pink at the top of the list are general services the provider can provide, without having a specific type of license.

Additional Information

None.